

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013453

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1130

FILED APR 16 1962

## 1. PLACE OF DEATH

a. COUNTY Saint Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN NormandyLength of stay in 1b  
4 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Normandy Osteopathic HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louisc. CITY  
OR  
TOWN Creve CoeurInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)R. R. # 2, Box 325Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JohnMiddle  
RichardLast  
Elliff4. DATE  
OF  
DEATHMonth  
Apr.Day  
9,Year  
19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6-20-18799. AGE (last birthday)  
82IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Construction Laborer10b. KIND OF BUSINESS OR INDUSTRY  
Construction Co.11. BIRTHPLACE (City and state or country)  
Covinton, Tennessee12. CITIZEN OF WHAT COUNTRY  
U S A

13a. FATHER'S NAME

Phinues Elliff

13b. MOTHER'S MAIDEN NAME

Betty Thompson

14. NAME OF HUSBAND OR WIFE

Mattie Leona Elliff15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

17. INFORMANT

Harrison Raley-8760 Trumbell Ave.  
Walter Elliff-R. R. 2, Box 325, Creve18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory ParalysisINTERVAL BETWEEN  
ONSET AND DEATHSec.

DUE TO (b)

Cerebral Thrombosis5 days

DUE TO (c)

Generalized Arteriosclerosis2 yrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)SenilityPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-15-62to 4-9-62and last saw her  
him alive on 4-9-62

Death occurred at

11:50 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

William O. McLaughlin, Jr.

22b. ADDRESS

7811 Carondelet-Cayton 5, Mo.

22c. DATE SIGNED

4-9-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

4/12/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ortmann F. Home 9222 Lackland Overland Mo

25. DATE RECD. BY LOCAL REG.

4-10-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sam Stipanovic*

Licensed Embalmer No. 5088

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.